CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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|--|--|---|---------------------------------------|--|
| Callen | Brenda | Lorene | | |
| 1. Office, Agency, or Court | * | | , | |
| Agency Name (Do not use acronyms) | ` | | | |
| Natural Resources Agency, D | epartment of Conservation | | | |
| Division, Board, Department, District, if | applicable | Your Position | | |
| Division of Oil, Gas, and Geof | hermal Resources | Senior Oil and Gas Engineer | | |
| ► If filling for multiple positions, list bel | ow or on an attachment. (Do not use acrony | ms) | | |
| Agency: | | Position: | · · · · · · · · · · · · · · · · · · · | |
| 2. Jurisdiction of Office (Check | at least one box) | | | |
| ⋉ State | | Judge or Court Commissioner (Statew | de Jurisdiction) | |
| Multi-County | | County of | , | |
| City of | | | | |
| City of | | Other | | |
| 3. Type of Statement (Check at I | east one box) | | | |
| Annual: The period covered is Ja December 31, 2018. | | Leaving Office: Date Left/ (Check one circ | | |
| -or- The period covered is December 31, 2018. | , through | O The period covered is January.1, -or- | 2018, through the date of | |
| Assuming Office: Date assumed | 01 , 01 , 2015 | O The period covered is/ the date of leaving office. | , through | |
| Candidate: Date of Election | and office sought, if different | nt than Part 1: | | |
| 4. Schedule Summary (must o | omplete) ► Total number of pag | es including this cover page: | | |
| Schedules attached | | | | |
| Schedule A-1 - Investments - | schedule attached Sched | ule C - Income, Loans, & Business Pos | itions - schedule attached | |
| ☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached | | | | |
| Schedule B - Real Property - | schedule attached Sched | ule E - Income – Gifts – Travel Paymer | nts - schedule attached | |
| Or Mono No manufally in | tt | | | |
| -or- ⊠ None - No reportable in | terests on any schedule | | | |
| 5. Verification | | | | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu | CITY blic Document) | STATE | ZIP CODE | |
| 801 K Street, MS 18-05 | Sacramento | CA 958 | 314 | |
| DAYTIME TELEPHONE NUMBER | EMAIL AI | | | |
| (916)445-2408 | | | | |
| I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. | | | | |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | |
| Data Signal 2/20/2019 | | Brenda Cal | lle 40 | |
| Date Signed 272072019 (month, day, ye | Signature | (File the originally signed paper statement | with your filing official.) | |